	-			
DATELIT		ATION		
	ADDII	(* /\		
FAILNI.	AFFLI	CALIUN	DETERMINATION	INLUUND

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1)			(Column 2)			SMALL ENTITY TYPE		OTHER THAN				
TOTAL CLAIMS		17					RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		17 minus 20= *		• (X\$ 9=		OR	X\$18=	vy Pig il	
INDEPENDENT CLAIMS			3 minus 3 = * 6				X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2		TOTAL	355	OR	TOTAL		
CLAIMS AS AMENDED - PAR							- 1.		ENTITY		OTHER SMALL I	
		(Column 1)		(Colu		(Column 3)	1 .	SMALL	,	OR	SWALL	
ENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 17	Minus	7	0	= -		X\$ 9=		OR	X\$18=	
AME	Independent	. 3	Minus	***	3	=		X40=		OR	X80=	
Ш		NTATION OF M				ن الل	1	+135=	24-	OR	+270=	
and the second								TOTAL	·×)4=		TOTAL	and the street
								ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS			mn 2) IEST	(Column 3)	١.		, , , , , , , , , , , , , , , , , , , ,			,
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	405			.070	
								+135=		OR	+270=	
				٠.				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	L					
ENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=	11	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		J			UR		
+135= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
** If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												